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Bib Data Sheet

CONFIRMATION NO. 2885

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/904,356 | <b>FILING OR 371(c)<br/>DATE</b><br>07/12/2001<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1648 | <b>ATTORNEY<br/>DOCKET NO.</b><br>43966-CB/JPW/SHS |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/973,601 03/16/1998 PAT 6,261,763 which is a 371 of PCT/US96/09894  
06/07/1996  
which is a CIP of 08/475,515 06/07/1995 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 08/02/2001

|   |  |                                |                              |                                    |  |
|---|--|--------------------------------|------------------------------|------------------------------------|--|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>UNITED<br>KINGDOM | <b>SHEETS<br/>DRAWING</b><br>5 | <b>TOTAL<br/>CLAIMS</b><br>6 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |  |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                                |                              |                                    |  |
| Verified and<br>Acknowledged  | Examiner's Signature                             | Initials                       |                              |                                    |  |

**ADDRESS**

79057

**TITLE**

METHODS FOR INHIBITING HIV-1 ENVELOPE GLYCOPROTEIN-MEDIATED MEMBRANE FUSION

|  |   |   |
|--|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>1190 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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